

# Post-Traumatic Stress Disorder (PTSD)

## Intake Form

*If you are a veteran or a veteran's family member, you may be entitled to veterans' benefits. The following questions will help you and your advocate organize the information you need to apply. If additional room is needed to complete an answer, please attach a separate piece of paper. Do not send this form to the VA; give it to your accredited service officer.*

Date \_\_\_\_\_

(1) Name of veteran: \_\_\_\_\_  
First Middle Last

(2) Name used in service if different \_\_\_\_\_

(3) Applicant if other than the veterans:  
\_\_\_\_\_  
First Middle Last

(4) Relationship to veteran \_\_\_\_\_

(5) Address: \_\_\_\_\_  
Number Street Apt. No.

City State Zip Code

(6) Mailing address: \_\_\_\_\_  
Number Street Apt. No.

City State Zip Code

(7) Telephone:  
Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

(8) Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

(9) Social Security number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

(10) Single ( ) Married ( ) Separated ( ) Divorced ( ) Widowed ( )

(11) Are you currently employed? yes ( ) no ( )

If yes, what is your occupation? \_\_\_\_\_





## Post-Traumatic Stress Disorder

(20) Please state your type of discharge:

\_\_\_\_\_

(21) Were you in combat?

yes( )                      no( )

(22) Were you wounded?

yes( )                      no( )

If so, where on the body? \_\_\_\_\_

(23) Are you still having medical problems caused by the wound(s)?

yes( )                      no( )

If so, what are the problems? \_\_\_\_\_

\_\_\_\_\_

(24) Were you treated for any injury, disability, or disease in service?

yes( )                      no( )

If yes, briefly describe the disability or disease. \_\_\_\_\_

\_\_\_\_\_

### Information Related to VA Benefits

(25) Have you ever applied for VA benefits?

yes( )                      no( )

If yes, check all that apply:

( ) Compensation

( ) Pension

( ) Medical care

( ) Education

( ) Vocational rehabilitation

( ) Nursing home care

( ) Domiciliary care

( ) Home loan guaranty

Other (please specify):

*If this is a new claim, ask your advocate about filing an informal claim.*

(26) If you have filed a claim before, please give the claim number that the VA assigned:

\_\_\_\_\_



## Post-Traumatic Stress Disorder

(27) Are you now receiving VA benefits?

yes( )

no( )

If yes, check all that apply:

( ) Compensation

( ) Pension

( ) Pension plus aid and attendance benefit

( ) Education

( ) Pension plus housebound benefit

( ) Nursing home care

( ) Medical care

( ) Home loan guaranty

( ) Vocational rehabilitation

( ) Domiciliary care Other

(please specify):

(28) At which VA regional office is your claim file located? \_\_\_\_\_

(29) Were you ever treated at a VA hospital?

yes( )

no( )

If yes, please specify when, where, and what the treatment was for:

(30) Have you ever sought counseling or help from a Vet Center?

yes( )

no( )

If yes, please specify when and where: \_\_\_\_\_

(31) Did you receive any of the following medals?

( ) Air Force Cross

( ) Air Medal with "V" device

( ) Army Commendation with "V"

( ) Bronze Star with "V"

( ) Combat Action Ribbon

( ) Combat Infantryman Badge

( ) Combat Medical Bdge

( ) Distinguished Flying Cross

( ) Navy Cross

( ) Purple Heart

( ) Silver Star

( ) Navy Commendation with "V"

( ) Joint Service Commendation with "V"

*If you have none of these medals, the VA may not accept the fact that you were involved in combat without further proof. The VA must consider service records, lay evidence such as buddy statements, and other pertinent evidence in determining whether you were involved in combat.*

(32) Do you have recurring dreams or intrusive memories about combat or your POW experience?

yes( )

no( )



## Post-Traumatic Stress Disorder

- (33) Do you have recurring dreams or intrusive memories about any traumatic experience during military service (one that involved feelings of intense fear, helplessness, or horror)?  
yes( )                      no( )
- (34) Do you avoid, or react unusually to, things that symbolize or remind you of a traumatic event in service?  
yes( )                      no( )
- (35) Has a medical professional or mental health expert (a doctor or a psychologist, for example) diagnosed you as having PTSD?  
yes( )                      no( )
- (36) If you have been diagnosed as having PTSD, do you believe that it is linked to, or caused by, a stressful experience you suffered in service?  
yes( )                      no( )
- (37) Has a doctor told you that your PTSD was caused by service?  
yes( )                      no( )
- (38) Were you ever a prisoner of war?  
yes( )                      no( )  
If yes, where and for how long? \_\_\_\_\_  
\_\_\_\_\_
- (39) Were you personally assaulted during service (personal assault includes but is not limited to rape, physical assault, domestic battering, robbery, mugging, and stalking)?  
yes( )                      no( )
- (40) If yes, do you have recurring dreams or intrusive memories due to that experience?  
yes( )                      no( )

